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04-28-2003 91510 015 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000002108

1. Entity Name
CARIBBEAN HORIZONS, INC.

Principal Place of Business
 200 DR. MARTIN LUTHER KING JR. BLVD.
 RIVIERA BEACH, FL 33404

Mailing Address
 200 DR. MARTIN LUTHER KING JR. BLVD.
 RIVIERA BEACH, FL 33404

2. Principal Place of Business
 Subt. Apt. #, etc.

3. Mailing Address
 Subt. Apt. #, etc.

City & State
 Zip Country

4. Name and Address of Current Registered Agent
BENEDETTO, JOHN
 200 DR. MARTIN LUTHER KING JR. BLVD
 RIVIERA BEACH, FL 33404

5. Name and Address of New Registered Agent

6. Certificate of State Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____



55044507



CHECK HERE IF MAKING CHANGES

4. FFI Number **03-0437229** Applied For (Not applicable)

5. Certificate of State Desired \$8.75 Additional Fee Required

9. Election Campaign Financing Trust Fund Contribution. \$5.00 may be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10a TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Benedetto, John 5930 Center Street Jupiter, Fl 33458 <input type="checkbox"/> Delete	11a TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10b TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Benedetto, Patricia 5930 Center Street Jupiter, Fl. 33458 <input type="checkbox"/> Delete	11b TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10c TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11c TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10d TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11d TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the proprietor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Benedetto 4/23/03 561-745-1354

CIRCLES (10-02)

Attachment

55044507
#P02000002108

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302

Attachment Det# P02000002108

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 05-08-2002
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 03-0434229
FORM: SS-4
0134655987 B

GARIBBEAN HORIZON INC
200 DR MARTIN LUGHER KING JR BLVD
RIVIERA BEACH FL 33404

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.
IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)